



Kaiser Permanente Santa Rosa Medical Center

2025 Community Benefits Plan

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2. Community Health Needs Assessment (CHNA)

a. Approach to CHNA

Every three years Kaiser Permanente Santa Rosa Medical Center conducts a community health needs assessment (CHNA). The CHNA process is driven by Kaiser Permanente's commitment to improve health equity and is intended to be transparent, rigorous, and collaborative. Our Community Health team has identified and prioritized needs unique to our service area, based on community-level quantitative data and input from those who represent the broad interests of the community. We prioritize health equity in our CHNA process — including the data collection and analysis stages — and we are committed to gathering community perspectives on the impact of social health factors and health disparities. To meet this commitment, we engage with other hospitals, public health, and community organizations committed to advancing health for vulnerable populations.

To view or download the Kaiser Permanente Santa Rosa Medical Center CHNA report and three-year Implementation Strategy (IS), please refer to Kaiser Permanente Community Health Needs Assessments (<https://www.kp.org/chna>). The IS also will be filed with the Internal Revenue Service using Form 990, Schedule H.3.

b. Community Engagement in Development of the Plan

Kaiser Permanente's approach to CHNA prioritizes collecting qualitative data primarily through key informant interviews with individuals representing the broad interests of the community, including expertise in public health and knowledge about challenges affecting those disadvantaged by their social or economic status, geographic location, and environment. The key informant selection process aims to represent a range of community voices across all populations in that community, especially vulnerable populations. In the most recent CHNA process key informants included leaders from organizations representing local, state, and/or tribal public health, key sectors engaged in solutions (e.g., housing, economic opportunity), and those serving specific communities (e.g., people with disabilities, people who are unhoused).

As part of the CHNA process, Kaiser Permanente considers both quantitative and qualitative data to inform the prioritization of health needs for a community. Community voice through qualitative data is weighed highly in the prioritization process, above quantitative measures. In addition, Kaiser Permanente is committed to partnering with hospitals, local and tribal public health agencies, and community organizations to understand needs and advance health and health equity in the communities we serve.

Kaiser Permanente also developed a free, web-based data platform that provides access to a core set of 85 publicly available indicators using the County Health Rankings population health framework, which emphasizes social and environmental determinants

of health. The public is able to view and download information from the [Community Health data platform \(https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere\)](https://public.tableau.com/app/profile/kp.chna.data.platform/viz/2025CommunityHealthNeedsDashboard/1a_StartHere).

Kaiser Permanente Santa Rosa Medical Center collaborates with another Sonoma County hospital system and partner.

Hospitals that collaborated on the CHNA

Sutter Santa Rosa Regional Hospital

Other organizations that collaborated on the CHNA

Actionable Insights, LLC

For a full list of consulted community stakeholders, refer to Appendix B. Community Input of the 2025 CHNA.

c. List of Prioritized Needs

In the 2022 Implementation Strategies, Kaiser Permanente Santa Rosa Medical Center prioritized the following significant health needs, in priority order:

1. Housing: Having a safe place to call home is essential for the health of individuals and families. American families' greatest single expenditure is housing, and for most homeowners, their most significant source of wealth. Housing costs have soared in recent years, with many families experiencing difficulty paying for housing. Renters from diverse communities are more likely to live in cost-burdened households and face housing instability. In the last 5 years, home prices in the Santa Rosa service area increased by 40 percent. High housing costs, including rent, have been further exacerbated by the 2017 Tubbs Fire, which destroyed 6 percent of the homes in Santa Rosa. Additionally, there are racial disparities in access to housing. Historical practices in mortgage lending have made it difficult for vulnerable populations to own homes in the region. Interviewed community leaders shared that previously affordable areas are becoming gentrified and much more expensive. They emphasized that COVID-19 has widened the disparities that exist around housing and homelessness and that multiple families often live in one home to keep costs more manageable. They also emphasized the need for adequate housing for farm workers and affordable housing for the expanding senior population. They discussed the need to address the mental health needs of people experiencing homelessness, stressing the "Housing First" model to ensure people have stable housing.

2. Access to care: Access to comprehensive, quality health care services — including having insurance, local care options, and a usual source of care — is important for ensuring quality of life for everyone. Insurance by itself does not guarantee access to appropriate care, and many community members experience barriers related to language, transportation options, and differential treatment based on race, as well as access to fewer health care resources. Despite high levels of insurance coverage and health care providers in the Santa Rosa service area, there are chronic health needs across the area: 14 percent of adults report poor or fair health. Additionally, diabetes is prevalent among 19 percent of the population and heart disease in 13 percent of the population. Interviewed community leaders shared there is a lack of culturally responsive providers and providers that focus on the specific care needs of vulnerable populations as well as a lack of understanding of the intersectionality of multiple identities.

3. Mental & behavioral health: Mental health affects all areas of life, including a person's physical well-being, ability to work and perform well in school and to participate fully in family and community activities. Anxiety, depression, and suicidal ideation are on the rise due to the COVID-19 pandemic, particularly among vulnerable populations. Communities across the country are experiencing a critical lack of capacity to meet the increased demand for mental health services. In Sonoma County, the age adjusted rate of death due to suicide, alcohol related disease, and drug overdoses per 100,000 residents is only slightly higher than California as a whole (36.6 compared to 34.3 per 100,000). However, the age adjusted rate of death due to intentional self-harm in Sonoma County is higher (13.3 compared to 10.5 per 100,000 statewide). The premature death rate for suicide significantly increased by 32 percent from 2011-2013 to 2015-2017. Additionally, there are disparities related to mental and behavioral health. For example, males had over twice the percentage of total years of potential life lost due to suicide (9 percent) compared to females (4 percent). The percentage of years of potential life lost due to suicide is highest in Santa Rosa (8 percent), followed by Petaluma and Sonoma Valley (7 percent). Interviewed community leaders noted the long-term mental health impacts of trauma, particularly as Sonoma County residents navigate the impacts of regional wildfires and home losses as well as the COVID-19 pandemic.

4. Education: The link between education and health is well known. Having a high school diploma correlates strongly with healthy behaviors, improved quality of life, and higher life expectancy. Children from families with low incomes are less likely to experience the numerous benefits of attending preschool, including higher rates of high school graduation and college attendance and lower levels of juvenile incarceration. Most residents in the Santa Rosa service area have a high school diploma; 88 percent compared to 82 percent in California. Additionally, 25 percent of adults have some college education which is higher than the state average of 21 percent. However, there are significant disparities in degree attainment across geographies and diverse communities. In Sea Ranch/Timber Cove, 6 in 10 adults 25 years and older hold bachelor's degrees, whereas in Roseland just over 1 in 10 do. First generation students may face barriers to obtaining a degree and may have had limited opportunities to progress or complete their education in their home countries, creating barriers to obtaining continuing education in Sonoma County. Interviewed community

leaders talked about learning loss during COVID-19, particularly as students had to take on additional responsibilities for their families. They noted that student engagement and school readiness is low and that students are becoming less inclined to graduate high school. They recommended integrating more health workers with the school system to break down siloes and dedicating resources to hiring and retaining mental health professionals with school expertise, particularly those with cultural expertise and bilingual skills.

d. Health Needs Identified but Not Addressed

The significant health need identified in the 2022 CHNA that Kaiser Permanente Santa Rosa Medical Center does not plan to address is shown below, along with the reasons for not addressing that need.

Reason Income and employment, Substance use, Food insecurity, and Community safety were not selected:

- Aspects of this need will be addressed in strategies for other needs

Reason Climate & environment was not selected:

- Less feasibility to make an impact on this need
- Significant Kaiser Permanente investments already have been made to address this need
- Aspects of this need will be addressed in strategies for other needs

For information about the process and criteria used to select these health needs and the health needs that were not selected (and the rationale), please review the [2022 CHNA Report and the 2023-2025 Implementation Strategy Report \(http://www.kp.org/chna\)](http://www.kp.org/chna).

e. Activities Taken to Address the Needs of the Community

The following are the health needs Kaiser Permanente Santa Rosa Medical Center addressed during the 2023-2025 Implementation Strategy period.

All Kaiser Foundation Hospitals planned for and drew on a broad array of resources and strategies to improve the health of our communities. Resources and strategies deployed to address the identified health needs of communities include grantmaking, in-kind resources, and collaborations with community-based organizations such as local health departments and other hospital systems.

Kaiser Permanente also leverages internal programs such as Medicaid, charitable health coverage, medical financial assistance, health professional education, and research to address needs prioritized in communities. Grants to community-based organizations are a key part of the contributions Kaiser Permanente makes each year to address identified health needs, and we prioritize work intended to reduce health disparities and improve health equity. In addition to contributing financial resources, we leveraged assets from across Kaiser Permanente to help us achieve our mission to improve the health of communities. The table below highlights a partial list of key grantmaking, collaborations, and partnership activities undertaken in 2025 to address community needs identified in the 2023–2025 Implementation Strategy period. Refer to the table in the Financial Summary section for financial investments made towards addressing the prioritized community needs. Additionally, Kaiser Permanente NCAL provided significant contributions to the East Bay Community Foundation (EBCF) in the interest of funding effective long-term, strategic community benefit initiatives. These EBCF-managed funds are not included in the financial totals for 2025.

Housing			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Support Network	Housing and Behavioral Health Support for Individuals Experiencing Homelessness	Santa Rosa	Community Support Network provided trauma-informed supportive housing, case management, mentoring, rent subsidies, and wellness programming to transition age youth and adults recovering from homelessness in Sonoma County.
West County Community Services	Homelessness Prevention Crisis Support for Seniors	Santa Rosa	West County Community Services provided crisis financial assistance and individualized case management to senior residents in West Sonoma County facing housing instability.
TLC Child & Family Services	TLC Transition Age Youth Assistance to Secure and Maintain Housing	Santa Rosa	TLC Child and Family Services provided transition age youth ages 16 to 25 experiencing homelessness in Sonoma County with direct financial assistance for rent, deposits, utilities and emergency housing needs.

Access to Care			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description

Redwood Empire Food Bank	School Pantry	Santa Rosa	Redwood Empire Food Bank's School Pantry program distributed healthy, nutritious food provisions to food-insecure families with school-aged children across 26 Sonoma County Title I schools.
Jewish Community Free Clinic	Free healthcare services for low-income uninsured adults and children without access to care elsewhere.	Santa Rosa	Jewish Community Free Clinic provided completely free primary care, preventive services, vaccinations, TB screenings, and mental health services to uninsured adults and children in Sonoma County.
<p>Medi-Cal Kaiser Permanente provides coverage to Medi-Cal members in 22 counties in California through both direct contracts with the Department of Health Care Services (DHCS), and through delegated arrangements with other Medi-Cal managed care plans (MCPs). Kaiser Permanente also provides subsidized health care on a fee-for-service basis for Medi-Cal beneficiaries not enrolled as KFHP members. Reimbursement for some services is usually significantly below the cost of care and is considered subsidized care to non-member Medi-Cal fee-for-service patients.</p>			
<p>Community Health Coverage Program (CHCP) Kaiser Permanente's CHCP provides health care coverage to people who have low-income and don't have access to other public or private health coverage. CHCP enrolls qualifying individuals in a Kaiser Permanente Individual and Family Health Plan. Through CHCP, members' monthly premiums are subsidized, and members do not have to pay copay or out-of-pocket costs for most care at Kaiser Permanente facilities. Through CHCP, members have a medical home that includes comprehensive coverage, preventive services and consistent access through the "front door" of the health delivery system.</p>			
<p>Medical Financial Assistance (MFA) Kaiser Permanente's Medical Financial Assistance program (MFA) improves health care access for people with limited incomes and resources and is fundamental to Kaiser Permanente's mission. Our MFA program helps patients who are low-income, uninsured, or underinsured cover the costs of care. The program provides temporary financial assistance or free care to patients who receive health care services from our providers, regardless of whether they have health coverage or can't afford to pay.</p>			

Mental & Behavioral Health			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Young Women's Christian Association (YWCA) of Sonoma County	Counseling Services to Support the Mental Health and Healing of	Santa Rosa	YWCA Sonoma County provided trauma-informed, evidence-based individual and group counseling to adult and child domestic violence survivors

	Domestic Violence and Trauma Victims		and their families in Sonoma County using specialized therapeutic modalities.
Women's Recovery Services	Breaking Cycles: Disrupting Trauma and Strengthening Families	Santa Rosa	Women's Recovery Services provided trauma-informed residential treatment, children's programming, parenting support, and transitional housing to high-risk, low-income pregnant and parenting women with substance use disorders in Sonoma County.
California Parenting Institute	Prevention and Early Intervention: Families with children 0-5 in Sonoma County at risk for ACES	Santa Rosa	California Parenting Institute delivered in-home parent education, coaching, and counseling to families with children from prenatal to age five in marginalized communities across Sonoma County.
Verity~Compassion.Safety.Support	Expanding Sexual Violence Prevention Education in Sonoma County Schools	Santa Rosa	Verity provided sexual violence and human trafficking prevention education to school-aged students ages 5 to 18 across Sonoma County schools, equipping young people with the knowledge and tools to recognize, report and prevent abuse before it occurs.
Community Action Partnership of Sonoma County	El Puente Violence Prevention and Trauma Recovery Program	Santa Rosa	Sonoma CAN's El Puente program delivered free, bilingual, in-home trauma-informed mental health services to high-risk youth and families across Sonoma County, using evidence-based therapies including Brief Strategic Family Therapy and Trauma-Focused Cognitive Behavioral Therapy
Catholic Charities of the Diocese of Santa Rosa	Emergency Assistance for Victims of Violent Crime	Santa Rosa	Catholic Charities provided trauma-informed legal services and outreach to vulnerable crime victims in Sonoma County.

Education			
Name of Community Partner	Title of Grant/Partnership	Service Areas Impacted	Description
Community Child Care Council of Sonoma (4cs)	4Cs Child Care Initiative Project Expansion: Boosting Child Care Supply and Advancing Career Pathway Opportunities	Santa Rosa	Community Child Care Council of Sonoma County recruited and trained individuals to become licensed family childcare business owners through foundational education, one-on-one coaching and financial incentives.
Northern California Center for Well-Being	Project TRUE: Youth Development Program to Improve Graduation Rates and Career and College Readiness	Santa Rosa	Center for Well-Being's Project TRUE supported high school students of in low-income areas of Sonoma County through leadership development, skill-building workshops, community service projects, work-based learning opportunities and alumni mentorship.
Santa Rosa Junior College District	HOPE Program Student Support	Santa Rosa	Santa Rosa Junior College's HOPE Program provided case management, academic tutoring, and professional development support to underrepresented, first-generation and low-income students pursuing healthcare careers.

3. 2026 Community Benefits Plan

a. 2026-2028 Implementation Strategies

Kaiser Permanente Santa Rosa Medical Center has developed an implementation strategy (IS) for the priority needs it will address over the next three years [2026-2028], considering both Kaiser Permanente's and the community's assets and resources.

Kaiser Permanente Santa Rosa Medical Center Community Health has identified the strategic focus, strategies, and expected impact for each priority health need, described in the tables below. While we recognize that IS strategies can address multiple health needs, each strategy is associated with the needs where we expect to see the greatest impact. Included with each strategy are expected outcomes and examples of available Kaiser Permanente resources and planned collaborations.

1. Access to care
2. Housing
3. Income and employment
4. Mental and behavioral health

Access to care

Strategy	Expected outcomes	Available resources and planned collaboration
<p>Increase equitable access to care and affordability of care for low-income community residents.</p>	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
<p>Grow a culturally competent health care workforce in order to improve equitable access to health care services.</p>	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and other hospitals

Housing

Strategy	Expected outcomes	Available resources and planned collaboration
Implement strategies to improve the health of homeless populations and reduce housing insecurity by strengthening the availability and coordination of community and health care resources.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, educational institutions, and other hospitals
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and other hospitals

Income and employment

Strategy	Expected outcomes	Available resources and planned collaboration
Grow a culturally competent health care workforce in order to improve equitable access to health care services	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers
Improve food and nutrition security and address diet-related health conditions by increasing equitable access to and	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care 	<ul style="list-style-type: none"> • Resources: Charitable contributions

affordability of nutritious and culturally relevant food options.	<ul style="list-style-type: none"> • Improve health outcomes 	<ul style="list-style-type: none"> • Planned collaboration: Food banks and pantries, community organizations, and government agencies
Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, educational institutions, and other hospitals

Mental and behavioral health

Strategy	Expected outcomes	Available resources and planned collaboration
Increase equitable access to care and affordability of care for low-income community residents.	<ul style="list-style-type: none"> • Increase access to care and coverage • Increase utilization of clinical and social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and subsidized care and coverage programs such as Medical Financial Assistance, Charitable Health Coverage, and Medicaid/Medi-Cal • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and safety net clinics
Grow a culturally competent health care workforce in order to improve equitable access to health care services	<ul style="list-style-type: none"> • Decrease health care workforce shortages • Improve cultural competency • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, health professions education and training programs, and health care career exposure programs • Planned collaboration: National organizations, community organizations, and safety net providers

<p>Increase access to and quality of resources that improve social and environmental factors by investing in community organizations, schools, districts, or other public entities and by enhancing coordination between community and health care.</p>	<ul style="list-style-type: none"> • Improve access to and quality of resources provided by community organizations providing social care • Improve health outcomes 	<ul style="list-style-type: none"> • Resources: Charitable contributions, and technical assistance • Planned collaboration: Government agencies, including local and state public health departments, community organizations, and other hospitals
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b. Evaluation of the Community Benefit Plan’s Effectiveness

Kaiser Permanente Santa Rosa Medical Center will monitor and evaluate the strategies listed above to assess progress and document the impact of those strategies on expected outcomes. Evaluation of the impact includes monitoring grantee progress (how many people were reached) and measuring short and intermediate term outcomes (e.g., what was the impact on the individuals served). Additionally, for each prioritized health need, the number of grants made, the number of dollars invested, and the number of community-based organizations supported are tracked.

In addition to the strategies developed as part of the CHNA and three-year IS process, many health needs are addressed by Kaiser Permanente business practices that contribute to community well-being, including environmentally responsible purchasing, waste reduction, and purchase of clean energy for facilities. We also conduct high-quality health research and disseminate findings intended to contribute to the literature by enhancing understanding of the impact of interventions designed to improve health outcomes.

4. Financial Summary

a. Explanation of Methodology Used to Determine Cost

Total Community Benefit expenditures are reported as follows:

- Medical care services for vulnerable populations include unreimbursed inpatient costs for participation in Kaiser Permanente-subsidized and government-sponsored health care insurance programs.
- Since 2006, figures for subsidized products have been reported on a cost-basis (e.g., the difference of total revenues collected for services less direct and indirect expenses).
- Grant and donations are recorded in the general ledger in the appropriate amount and accounting period on an accrual, not cash basis. The amount reported reflects hospital-specific, unreimbursed expenditures. When hospital-specific expenditures are not available, dollars are allocated to each hospital based on the percentage of KFHP members.
- The unreimbursed portion of medical, nursing, and other health care professional education and training costs are included.

Resource allocations are reported as follows:

- Financial expenditures are reported in exact amounts, if available, by hospital service area.
- If exact financial expenditure amounts are not available by hospital service area, then regional expenses are allocated proportionally based on KFHP membership or other quantifiable data.

b. Kaiser Permanente Santa Rosa Medical Center Community Benefits Provided in 2025

This report outlines the hospital's net community benefit expenditures categorized into the following framework: medical care services, other services for vulnerable populations, other services for the broader community, and health research, education and training programs. Kaiser Permanente generates a range of nonquantifiable benefits, including community engagement through volunteerism, environmental stewardship, supplier diversity, and partnerships with community organizations, municipal leaders, and public health champions that address community needs.

Financial Assistance and Means-Tested Government Programs	Vulnerable Population	Broader Community	Total
Traditional Charity Care	\$ 19,667,314		\$ 19,667,314
Medi-Cal	\$ 22,955,161		\$ 22,955,161
Other Means-Tested Government (Indigent Care)	\$ 0		\$ 0
Sum Financial Assistance and Means-Tested Government Program	\$ 42,622,475		\$ 42,622,475
Other Benefits			
Community Health Improvement Services	\$ 282,741	\$ 0	\$ 282,741
Community Benefit Operations	\$ 0	\$ 215,923	\$ 215,923
Health Professions Education	\$ 3,498,615	\$ 874,654	\$ 4,373,269
Subsidized Health Services	\$ 0	\$ 0	\$ 0
Research	\$ 990,325	\$ 510,167	\$ 1,500,492
Cash and in-kind Contributions for Community Benefits	\$ 347,073	\$ 52,869	\$ 399,942
Other Community Benefits	\$ 0	\$ 35,721	\$ 35,721

Total Other Benefits	\$ 5,118,754	\$ 1,689,335	\$ 6,808,089
Community Benefits Spending			
Total Community Benefits*	\$ 47,741,229	\$ 1,689,335	\$ 49,430,564
Medicare (non-IRS)	\$ 116,655,911		\$ 116,655,911
Total Community Benefits with Medicare	\$ 164,397,140	\$ 1,689,335	\$ 166,086,475

*Sum of Financial assistance, Means-Tested Government Programs and Other Benefits.

5. Certification Statement

Kaiser Permanente leadership reviewed and attested to the validity of the hospital Community Benefit Plan. The data and information reported is true, correct, and completed as required by Health and Safety Code sections 127340-127360 and Article 2 of Chapter 8.2 of Division 7 of Title 22 of the California Code of Regulations requiring all non-profit hospitals report on the community benefits they provide.

- Yvette Radford, Vice President, External & Community Affairs
- Mike Bowers, Senior Vice President, Operations Kaiser Foundation Health Plan/ Hospitals